Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michigan Republican Party 3450 Alpine Ave NW ADDRESS (number and street) (Check if address Box 332 is changed) **Grand Rapids** 49544 ΜI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS notices@feccr.com (Check if address is changed) Optional Second E-Mail Address liz@lizcurtisassociates.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.migop.org (Check if address is changed) DATE 2023 C00041160 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cairns, Marcus, , Mr., Type or Print Name of Treasurer Cairns, Marcus, , Mr., [Electronically Filed] Date 19 2023 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Rev	rised 03/2022)	Page 2
. TYPE OF CO	MMITTEE:	
Candidate (Committee:	
(a) This	committee is a principal campaign committee. (Complete the candidate information	on below.)
	committee is an authorized committee, and is NOT a principal campaign commi mation below.)	ttee. (Complete the candidate
Name of Candidate	[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Candidate Party Affiliat	on Office Sought: House Senate	State President District
(c) This	committee supports/opposes only one candidate, and is NOT an authorized con	nmittee.
Name of Candidate		
Party Comr		
(d) 🗶 This	committee is a STA (National, State or subordinate) committee of the REP	(Democratic, Republican, etc.) Party
Political Ac	tion Committee (PAC):	
(e) This	committee is a separate segregated fund. (Identify connected organization on lin	e 6.) Its connected organization is a:
	Corporation Wo Capital Stock	Labor Organization
Ш	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
11	committee supports/opposes more than one Federal candidate, and is NOT a smittee. (i.e., nonconnected committee)	eparate segregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6	.)
(g) This	committee is an independent expenditure-only political committee (Super PAC).	
(6)	In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This	committee is a political committee with both contribution and non-contribution ac	ecounts (Hybrid PAC).
(1.)	In addition, this committee is a Lobbyist/Registrant PAC.	ocanic (i iyana i /ic).
	in addition, this committee is a copplish registrant (Ac.	
Joint Fundr	aising Representative:	
(1)	committee collects contributions, pays fundraising expenses and disburses net p mittees/organizations, at least one of which is an authorized committee of a fede	•
(1)	committee collects contributions, pays fundraising expenses and disburses net p mittees/organizations, none of which is an authorized committee of a federal can	•
Committee	s Participating in Joint Fundraiser	
1.		С

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٧	rite or Type Committee Name Michigan Repu	hlican Party		_			
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising	g Repre	sentative, o	r Leadersh	ip PAC Spon	ısor
	Co-Pilot Committee						
	Mailing Address	PO Box 27363					
		Lansing		MI	48909-73	63	
		CITY ▲		STATE ▲	Z	ZIP CODE A	
	Relationship: Connected	Organization Affiliated Organization X Joint Fund	draising	Representativ	ve Le	eadership PAC	Sponso
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and po-	sition of	f the person i	n possessio	n of committee	
	Cairns, Mar	cus, , Mr.,					
	Full Name						
	Mailing Address	3450 Alpine Ave NW					
		Box 332					
		Grand Rapids		MI	49544		
		CITY ▲		STATE ▲	Ž	ZIP CODE A	
	Title or Position ▼						
	Treasurer	Telephor	ne num	ber 60	9 - 4	33 - 86	620
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer assistant treasurer).	r of the	committee; a	nd the nam	ne and addres	ss of
	Full Name Cairns, Mai	cus, , Mr.,					
	of Treasurer	3450 Alpine Ave NW					
	Mailing Address						
		Box 332					
		Grand Rapids		MI	49544		
		CITY A		STATE ▲	Ž	ZIP CODE A	
	Title or Position ▼						
	Treasurer	Telephor	ne num	ber 60	9 - 4	33 - 8	620

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Full Name of Designated Agent	Curtis, Elizabeth, , ,		
Mailing Address	441 N Lee St		
	Ste 100 Alexandria	VA VA	22314
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Asst Treasurer		ne number	
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits fu	inds, holds accounts, rents
Name of Bank, [Depository, etc.		
	Capital One Bank		
Mailing Address	4825 Cordell Ave.		
	Bethesda	MA	20814
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445 - A Laughlin Ave		
	McLean	VA	22101
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundrais	•		
1.		FEC ID numb	per C
2.		FEC ID numb	per C
3.		FEC ID numb	per C
4.		FEC ID numb	per C
Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Represent	ative, or Leadership PAC Spons
Trump Victory			
Mailing Address	C/O Red Curve Solutions		
	138 Conant Street, 2nd Floor		
	Beverly	MA	01915-1666
Relationship:	CITY A	STAT	E ▲ ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number – option	Joint Fundraising Repre	sentative Leadership PAC Spo
			sentative Leadership PAC Spo
Designated Agent: Ident			sentative Leadership PAC Sp
Designated Agent: Ident			sentative Leadership PAC Sp
Designated Agent: Ident			sentative Leadership PAC Sp
Designated Agent: Ident	fy by name, address (phone number – optio		
Designated Agent: Ident Full Name Mailing Address	fy by name, address (phone number – optio	nal)	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Agent: Ident Mailing Address	fy by name, address (phone number – optio	nal) STATE Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Depositions of Bank, Come Depository, etc.	fy by name, address (phone number – option CITY CITY ories: List all banks or other depositories in naintains funds.	nal) STATE Telephone Number	ZIP CODE ZIP code posits funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
L			
Mailing Address	C/) Red Curve		
	138 Conant Street		
	Beverly		01915-1665
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
resignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE STATE	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or m	CITY A Tories: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or material depositions, etc. Wells	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds. Fargo Bank	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). Joint Fundraisi r	ng Participant:				
1.				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	С
4.				FEC ID number	С
		ffiliated Committee, J	loint Fundrais	sing Representativ	e, or Leadership PAC Spor
Take Back the Ho	ouse 2022				
	⊢ PO Box 30844	ļ.			
Mailing Address					
	<u> </u>				00004 0044
	Bethesda			MD	20824-0844
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connecte	d Organization	Affiliated Committee	Joint Fu	undraising Represent	ative Leadership PAC S
				undraising Represent	ative Leadership PAC S
esignated Agent: Identif				undraising Represent	ative Leadership PAC S
				undraising Represent	ative Leadership PAC S
esignated Agent: Identif				undraising Represent	ative Leadership PAC S
esignated Agent: Identif				undraising Represent	ative Leadership PAC S
esignated Agent: Identif	y by name, addre	ss (phone number – o			ative Leadership PAC S
esignated Agent: Identif	y by name, addre	ss (phone number – o	optional)		
esignated Agent: Identif	y by name, addre	ess (phone number – o	optional)		
Full Name	y by name, addre	city A	optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION	y by name, addre	city A	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Inks or Other Deposite fety deposit boxes or make of Bank, West	y by name, addre	city A	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Inks or Other Deposite fety deposit boxes or make of Bank, West	y by name, addre	city A	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or m ame of Bank, West	y by name, addre	city A	optional)	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
PROTECT THE I	I Organization, Affiliated Committee, Joint Fun	draising Representativ	ve, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE A
	Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Represen	tative Leadership PAC Sp
		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
resignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Janks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A